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22774 U.S. PTO24390
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US PTO

040904

UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 C.F.R. 1.53(b))

'Attorney Docket No.	2192-002-03
First Inventor	Paul Neiffer
Title	Low Relief Clothes Display Form with Shoulder Notches
Express Mail Label No.	ER394246272US

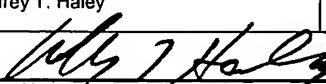
APPLICATION ELEMENTS		ADDRESS TO:
See MPEP chapter 600 concerning utility patent application contents.		Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria VA 22313-1450
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <i>(Submit an original and a duplicate for fee processing)</i>		7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
2. <input checked="" type="checkbox"/> Applicant claims small entity status. <i>See 37 CFR 1.27.</i>		8. Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i>
3. <input checked="" type="checkbox"/> Specification [Total Pages 4] <i>(preferred arrangement set forth below)</i> <ul style="list-style-type: none"> - Descriptive title of the Invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (<i>if filed</i>) - Detailed Description - Claim(s) - Abstract of the Disclosure 		a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: <ul style="list-style-type: none"> i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> Paper c. <input type="checkbox"/> Statements verifying identity of above copies
4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C.113) [Total Sheets 1]		9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))
5. Oath or Declaration [Total Sheets 3]		10. <input type="checkbox"/> 37 C.F.R. 3.73(b) Statement <input type="checkbox"/> Power of <i>(when there is an assignee)</i> Attorney
a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63 (d)) <i>(for a continuation/divisional with Box 18 completed)</i>		11. <input type="checkbox"/> English Translation Document <i>(if applicable)</i>
i. <input type="checkbox"/> <u>DELETION OF INVENTOR(S)</u> <i>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</i>		12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations
6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76		13. <input type="checkbox"/> Preliminary Amendment 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i> 15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i> 16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. 17. <input type="checkbox"/> Other: _____

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

Continuation Divisional Continuation-in-part (CIP) of prior application No: _____ / _____
 Prior application information: Examiner _____ Art Unit: _____

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number		000996		OR <input type="checkbox"/> Correspondence address below	
Name					
Address					
City	State			Zip Code	
Country	Telephone			Fax	
Name (Print/Type)	Jeffrey T. Haley		Registration No. (Attorney/Agent)	34,834	
Signature			Date	April 9, 2004	

This collection of information is required by 37 CFR 1.53(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 385)

Complete if Known	
Application Number	
Filing Date	April 9, 2004
First Named Inventor	Paul Neiffer
Examiner Name	
Art Unit	
Attorney Docket No.	2192-002-03

METHOD OF PAYMENT (check all that apply)				FEE CALCULATION (continued)			
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account:				3. ADDITIONAL FEES			
Deposit Account Number		000996		Fee Code	Fee (\$)	Fee Code	Fee (\$)
Deposit Account Name		Graybeal Jackson Haley		1051	130	2051	65
The Director is authorized to: (check all that apply)							
<input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.							
FEE CALCULATION							
1. BASIC FILING FEE							
Large Entity	Small Entity			Fee Description			
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Paid			
1001	770	2001	385	385	Utility filing fee		
1002	340	2002	170		Design filing fee		
1003	530	2003	265		Plant filing fee		
1004	770	2004	385		Reissue filing fee		
1005	160	2005	80		Provisional filing fee		
SUBTOTAL (1)				(\$ 385)			
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE							
Total Claims		3	-20 **	= 0	Extra Claims	Fee from below	Fee Paid
Independent Claims		1	-3 **	= 0	X		0
Multiple Dependent				X			0
Large Entity	Small Entity			Fee Description			
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Paid			
1202	18	2202	9	9	Claims in excess of 20		
1201	86	2201	43		Independent claims in excess of 3		
1203	290	2203	145		Multiple dependent claim, if not paid		
1204	86	2204	43		** Reissue independent claims over original patent		
1205	18	2205	9		** Reissue claims in excess of 20 and over original patent		
SUBTOTAL (2)				(\$ 0)			
Other fee (specify) _____							
*Reduced by Basic Filing Fee Paid						SUBTOTAL (3) (\$ 0)	

*or number previously paid, if greater; For Reissues, see above

SUBMITTED BY						Complete (if applicable)	
Name (Print/Type)	Jeffrey T. Haley	Registration No. (Attorney/Agent)	34,834	Telephone	(425) 455-5575		
Signature	<i>Jeffrey T. Haley</i>			Date	April 9, 2004		

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